

## SESSION II

## ARTHRITIS/OSTEOPOROSIS

## ARTHRITIS—Clinical Outcomes Studies

**TREATMENT ADHERENCE WITH TNF-INHIBITORS AND METHOTREXATE IN PATIENTS WITH RHEUMATOID ARTHRITIS IN A LARGE STATE MEDICAID PROGRAM**

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TNF inhibitors significantly reduce disease activity and morbidity in patients with RA, but there are few studies on the use of these drugs in actual clinical practice. **OBJECTIVES:** To evaluate treatment adherence with TNF inhibitors and methotrexate in patients with rheumatoid arthritis. **METHODS:** We studied new drug starts with TNF inhibitors and methotrexate in RA patients enrolled in the California Medicaid program for the period 1999–2002. Drug discontinuation was defined if there was no prescription refill for 2 consecutive prescription periods (60 days for methotrexate and etanercept and 16 weeks for infliximab). Treatment persistence was assessed in terms of the number of days of continuous therapy. **RESULTS:** A total of 77,757 patients had a diagnosis of RA during 1999–2002. Of these, 8224 patients had a new drug start on methotrexate, and 2700 on TNF inhibitors (1251 for infliximab and 1449 for etanercept). Patients on TNF inhibitors were more likely to be female and non-white. During the study period (1999–2002), 82.3% of patients who started on methotrexate switched or discontinued their therapy, or added another drug (TNF inhibitor or leflunomide). Of the 2700 new drug starts on TNF inhibitors, 1649 patients (61.1%) discontinued or switched therapy (78.1% for etanercept, 41.3% for infliximab,  $p < 0.001$  compared to methotrexate). The time to discontinuation was significantly higher in patients on TNF inhibitors (460.7 + 10.4 days) compared to those on methotrexate (364.5 + 4.5 days). Cox proportional hazard model analysis showed that after adjusting for age, gender and ethnic origin, the treatment discontinuation was still statistically significantly different between the two groups ( $p < 0.001$ ). **CONCLUSIONS:** RA patients started on TNF inhibitors tend to stay significantly longer on therapy and have a lower rate of discontinuation compared to those started on methotrexate, perhaps indicating a better effectiveness/toxicity trade-off.

PAR 1

**TOWARDS VALUING PREFERENCES FOR DISTRIBUTION OF HEALTH GAIN IN HIP AND KNEE DISEASE**

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**OBJECTIVES:** To identify key attributes perceived as important components of decisions to seek, provide or prioritise treatment for hip and knee disease and assess whether equity weights that value preferences for the distribution of health gain should be included in economic evaluation of joint replacement in the UK. **METHODS:** Face-to-face semi-structured interviews were used to identify factors that are or should be important in the decisions to seek or provide joint replacement surgery. The study sample comprised 18 patients with hip or knee disease, 4 general practitioners, 5 hospital clinicians and 6 support staff. A thematic framework approach was used to identify the key attributes affecting access to treatments and distribution of health gain. A sample of 25 University staff was asked to rank the factors according to whether they should influence treatment decisions to provide joint replacement. **RESULTS:** Respondents interviewed identified 17 factors they believed did influence treatment decisions. These were ranked according to whether they should influence treatment decisions. The factors and % of respondents who thought they should be included in the decision making process were: pain (100%), mobility (100%), potential to benefit (92%), able to return to normal activities (84%), number of years in pain (84%), presence of other diseases (72%), patient cares for another (64%), age (56%), weight (52%), takes control of own health (44%), cost (28%), type of job (28%), type of accommodation (28%), healthy lifestyle (24%), demanding personality (4%), postal address (0%) and ethnic class (0%). **CONCLUSIONS:** The results indicate that respondents felt severity of illness and potential for health gain should be the most important factors for treatment decisions. However, other factors concerning the distribution of health gain and access were considered important, indicating that equity weights are valid components of instruments to value preferences for joint replacement in the UK.

**ARTHRITIS—Cost Studies**

**EVALUATING THE IMPACT OF REIMBURSEMENT OF NON SELECTIVE COX2 INHIBITORS ON TOTAL DISPENSING OF SELECTED NSAID AND SELECTED DRUGS FOR ACID RELATED DISORDERS**

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**OBJECTIVE:** To evaluate the NHS consumption evolution for non selective Cox2 inhibitors (NSAID) and Drugs

PAR 2

PAR 3